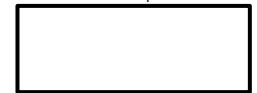


UNITEDHEALTHCARE INSURANCE COMPANY  
ENROLLMENT FORM FOR DEPENDENTS ONLY



UNIVERSITY OF RICHMOND

2022-1443-1

<b>PRIMARY INSURED COMPLETE INFORMATION BELOW FOR STUDENT.</b>		
LAST (FAMILY) NAME:	FIRST (GIVEN) NAME:	MIDDLE INITIAL:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> U	DATE OF BIRTH: (MONTH/DAY/YEAR)	SCHOOL ID #:
PERMANENT U.S. ADDRESS: (HOUSE/BUILDING # AND STREET NAME)		
CITY:	STATE:	ZIP CODE:
TELEPHONE #:	EMAIL ADDRESS:	

<b>DEPENDENT INFORMATION</b>		
Complete information below for dependents to be insured. Dependent coverage is only available for students insured under the Plan (Please include a blank sheet for additional dependents).		
SPOUSE OR DOMESTIC PARTNER:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> U	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:
CHILD:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> U	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:
CHILD:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> U	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:
CHILD:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> U	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:
CHILD:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> U	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:

**NOTICE TO STUDENT:** Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) The student has carefully read the Certificate of Coverage and elects to enroll as indicated on this enrollment form; 2) Rates are not pro-rated other than as listed on this enrollment form; 3) The student meets the eligibility requirements for this coverage as described in the Certificate of Coverage; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

**NOTICE:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Campus Location:**

University of Richmond

Campus/School Attending: \_\_\_\_\_

Please print name of University. Must be completed in order for application to be processed.

I elect to purchase Injury and Sickness insurance coverage under the University's student insurance plan. Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES.

**INSURED CATEGORY:**

- Domestic Undergraduate (DUG)       Domestic Athlete (ATH)  
 Domestic Graduate (DGR)       International (ITL)

ID Codes	Annual (A-)	Spring/Summer (J-)
2 Spouse	<input type="checkbox"/> \$ 2,609.00	<input type="checkbox"/> \$ 1,515.00
3 One Child	<input type="checkbox"/> \$ 2,609.00	<input type="checkbox"/> \$ 1,515.00
4 Two or More Children	<input type="checkbox"/> \$ 5,218.00	<input type="checkbox"/> \$ 3,030.00
5 Spouse + Two or More Children	<input type="checkbox"/> \$ 7,827.00	<input type="checkbox"/> \$ 4,545.00

**NOTE:** The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

**EFFECTIVE/EXPIRATION PERIODS:**

- Annual      8/1/2022 to 7/31/2023  
 Spring/Summer      1/1/2023 to 7/31/2023

**EFFECTIVE AND TERMINATION DATES:**

Coverage will become effective on the date the Insurance Company authorized representative receives the application and correct premium payment.

**Payment Instructions:** Make check or money order payable to First Risk Advisors in US dollars. Mail this enrollment form along with premium payment to:

First Risk Advisors  
 67 W Court Street  
 Doylestown, PA 18901

Your cancelled check is your only receipt and notification of coverage. The student is responsible for timely premium payments whether or not a premium notice is received.

The Virginia Health Information Organization requests the following information about the Primary Insured. If you choose not to provide this information, please select the appropriate box below.

I have read the request for information and choose not to supply a response.

Primary Race (select one)		
<input type="checkbox"/>	[R1]	American Indian / Alaska Native
<input type="checkbox"/>	[R2]	Asian
<input type="checkbox"/>	[R3]	Black / African American
<input type="checkbox"/>	[R4]	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	[R5]	White
<input type="checkbox"/>	[R9]	Other (please enter)
<input type="checkbox"/>	[UNKNOWN]	Unknown / Not Specified

Secondary Race (select one)		
<input type="checkbox"/>	[R1]	American Indian / Alaska Native
<input type="checkbox"/>	[R2]	Asian
<input type="checkbox"/>	[R3]	Black / African American
<input type="checkbox"/>	[R4]	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	[R5]	White
<input type="checkbox"/>	[R9]	Other (please enter)
<input type="checkbox"/>	[UNKNOWN]	Unknown / Not Specified

Are you Hispanic/Latino/Spanish:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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Primary Ethnicity (select one)		
<input type="checkbox"/>	[2060-2]	African
<input type="checkbox"/>	[2058-6]	African American
<input type="checkbox"/>	[AMERCN]	American
<input type="checkbox"/>	[2028-9]	Asian
<input type="checkbox"/>	[2029-7]	Asian Indian
<input type="checkbox"/>	[BRAZIL]	Brazilian
<input type="checkbox"/>	[2033-9]	Cambodian
<input type="checkbox"/>	[CVERDN]	Cape Verdean
<input type="checkbox"/>	[CARIBI]	Caribbean Island
<input type="checkbox"/>	[2155-0]	Central American (not otherwise specified)
<input type="checkbox"/>	[2034-7]	Chinese
<input type="checkbox"/>	[2169-1]	Columbian
<input type="checkbox"/>	[2182-4]	Cuban
<input type="checkbox"/>	[2184-0]	Dominican
<input type="checkbox"/>	[EASTEU]	Eastern European
<input type="checkbox"/>	[2108-9]	European
<input type="checkbox"/>	[2036-2]	Filipino
<input type="checkbox"/>	[2157-6]	Guatemalan
<input type="checkbox"/>	[2071-9]	Haitian
<input type="checkbox"/>	[2158-4]	Honduran
<input type="checkbox"/>	[2039-6]	Japanese
<input type="checkbox"/>	[2040-4]	Korean
<input type="checkbox"/>	[2041-2]	Laotian
<input type="checkbox"/>	[2148-5]	Mexican, Mexican American, Chicano
<input type="checkbox"/>	[2118-8]	Middle Eastern
<input type="checkbox"/>	[PORTUG]	Portuguese
<input type="checkbox"/>	[2180-8]	Puerto Rican
<input type="checkbox"/>	[RUSSIA]	Russian
<input type="checkbox"/>	[2161-8]	Salvadoran

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<input type="checkbox"/>	[2180-8]	Puerto Rican
<input type="checkbox"/>	[RUSSIA]	Russian
<input type="checkbox"/>	[2161-8]	Salvadoran

Primary Ethnicity (select one)		
<input type="checkbox"/>	[2165-9]	South American (not otherwise specified)
<input type="checkbox"/>	[2047-9]	Vietnamese
<input type="checkbox"/>	[OTHER]	Other (please specify)
<input type="checkbox"/>	[UNKNOWN]	Unknown / Not Specified

Secondary Ethnicity (select one)		
<input type="checkbox"/>	[2165-9]	South American (not otherwise specified)
<input type="checkbox"/>	[2047-9]	Vietnamese
<input type="checkbox"/>	[OTHER]	Other (please specify)
<input type="checkbox"/>	[UNKNOWN]	Unknown / Not Specified

Primary Language (select one)		
<input type="checkbox"/>	[799]	African Languages (please specify)
<input type="checkbox"/>	[777]	Arabic
<input type="checkbox"/>	[708]	Chinese (please specify)
<input type="checkbox"/>	[601]	Cape Verdean Creole
<input type="checkbox"/>	[600]	English
<input type="checkbox"/>	[620]	French
<input type="checkbox"/>	[607]	German
<input type="checkbox"/>	[637]	Greek
<input type="checkbox"/>	[623]	Haitian Creole
<input type="checkbox"/>	[778]	Hebrew
<input type="checkbox"/>	[663]	Hindi
<input type="checkbox"/>	[619]	Italian
<input type="checkbox"/>	[723]	Japanese

<input type="checkbox"/>	[724]	Korean
<input type="checkbox"/>	[656]	Persian
<input type="checkbox"/>	[645]	Polish
<input type="checkbox"/>	[629]	Portuguese
<input type="checkbox"/>	[639]	Russian
<input type="checkbox"/>	[625]	Spanish
<input type="checkbox"/>	[742]	Tagalog
<input type="checkbox"/>	[671]	Urdu
<input type="checkbox"/>	[728]	Vietnamese
<input type="checkbox"/>	[997]	Other (please specify)
<input type="checkbox"/>	[998]	Declined
<input type="checkbox"/>	[999]	Unavailable

